

## APPLICATION FOR ADDITIONAL ANB

### Attention:

This form provides the Office of Public Instruction with the necessary information to approve additional Average Number Belonging (ANB) used for calculating BASE Funding amounts. Applicable instructions and definitions appear below.

District Name		
Check One District Type: <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> K-12		Legal Entity Number
County Name		

### Due Date:

Request for Additional ANB to OPI by.....June 1

### CERTIFICATION, BOARD OF TRUSTEES - I hereby certify that the data included with this application are complete to the best of my knowledge.

Printed Name, Board of Trustees Chairperson	Signature	Date
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### CERTIFICATION, COUNTY SUPERINTENDENT - I hereby certify that the data included with this application are complete to the best of my knowledge.

Printed Name, County Superintendent	Signature	Date
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## GENERAL INFORMATION

Additional approved ANB is used in the funding formula to account for special circumstances.

### WHO MUST RESPOND

All public elementary, high school and K-12 districts which request approval of additional ANB for funding purposes must submit this form to the Superintendent of Public Instruction. Section 20-9-313, MCA, lists the conditions when a district is eligible to apply for additional ANB.

### RETURN OF COPIES

School districts requesting additional ANB must submit this form to the county Superintendent who will transmit a signed, certified original to the Superintendent of Public Instruction by the due date for the specific requested circumstance (see above due date).

## ASSISTANCE

Technical questions regarding specific data items on Form PAA-3 may be directed to Nica Merala at 444-4401 or [nmerala@mt.gov](mailto:nmerala@mt.gov).

## DEFINITIONS

*Average Number Belonging (ANB):* A number which reflects the average school membership. ANB is used primarily for funding purposes. NOTE: ANB is calculated by determining the average adjusted enrollment on the first Monday in October and the first Monday in February, times the total pupil instruction (PI) and pupil instruction related (PIR) days divided by 180. Three-year average ANB is calculated by adding current year ANB and two prior years' ANB and dividing by three.

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PAA-3

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## Instructions

- Enter the requested enrollment increase by category.
- Explain the circumstances that justify the additional ANB request. **Attach additional explanation as necessary.**

### REQUEST CATEGORY (Complete all that apply)

#### 1. OPENING OR REOPENING OF AN ELEMENTARY SCHOOL

*Procedure: 20-6-502 and 20-9-313(1) MCA.*

- A. Proposed date of opening or reopening of elementary school \_\_\_\_\_
- B. County superintendent estimate of enrollment for new or reopened school for ensuing year:
- i. K-6 \_\_\_\_\_
  - ii. 7-8 \_\_\_\_\_
- C. Basis for estimate of enrollment increase (clearly explain or attach documentation):

#### 2. OPENING OR REOPENING OF A MIDDLE SCHOOL

*Procedure: 20-6-507 and 20-9-313(1) MCA.*

- A. Proposed date of opening or reopening of middle school \_\_\_\_\_
- B. County superintendent estimate of enrollment for new or reopened school for ensuing year:
- i. 4-6 \_\_\_\_\_
  - ii. 7-8 \_\_\_\_\_
- C. Basis for estimate of enrollment increase (clearly explain or attach documentation):

#### 3. OPENING OR REOPENING OF A HIGH SCHOOL

*Procedure: 20-6-503 through 20-6-505, 20-9-313(2) MCA.*

- A. Proposed date of opening or reopening of high school \_\_\_\_\_
- B. County superintendent estimate of enrollment for new or reopened school for ensuing year:
- i. 9-12 \_\_\_\_\_
- C. Basis for estimate of enrollment increase (clearly explain or attach documentation):

#### 4. CLOSING OF PRIVATE OR PUBLIC SCHOOL

*Procedure: 20-9-313(3) MCA.*

- A. Name and address of school that will close \_\_\_\_\_ (name)  
\_\_\_\_\_ (city,zipcode)
- B. Date school will close \_\_\_\_\_
- C. County superintendent estimate of increased public school enrollment for this district, due to closing of the private or public school:
- i. K-6 \_\_\_\_\_
  - ii. 7-8 \_\_\_\_\_
  - iii. 9-12 \_\_\_\_\_
- D. Basis for estimate of enrollment increase (clearly explain or attach documentation):

**5. ANTICIPATED UNUSUAL ENROLLMENT INCREASE***Procedure: 20-9-313(4) and 20-9-314 MCA*

- A. State reason for the unusual enrollment increase (example: mine opening) \_\_\_\_\_
- B. List estimated district enrollment for the first Monday in October of the ensuing school year in the following grade categories:

Elementary District

- i. K-6 \_\_\_\_\_
- ii. 7-8 \_\_\_\_\_

High School District

- i. 9-12 \_\_\_\_\_

- C. Attach documentation of the factual information upon which the estimated enrollment is based.

Pursuant to Section 20-9-314(6), MCA, equalization or entitlement increases resulting from this request will be reviewed at the end of the ensuing school year. If the actual ANB is less than the ANB used for funding calculations, the Superintendent of Public Instruction shall revise the funding using the actual ANB. All payments received by the district in excess of the revised entitlements shall be overpayments subject to the refund provisions in Section 20-9-344(4), MCA.

**6. INITIAL YEAR OF KINDERGARTEN (5-YEAR-OLD PROGRAM)***Procedure: 20-9-313(5) MCA.*

- A. Number of 5-year-old children residing in district as of the preceding Sept. 10. \_\_\_\_\_
- B. Source of data for line A. Check (✓) one.
- ↑ Official school census
- ↑ Other
- C. Attach explanation and/or documentation to substantiate estimate on Line A.

**7. TRANSITION FROM A HALF-TIME TO A FULL-TIME KINDERGARTEN PROGRAM**

**NOTE: A full-time kindergarten program must meet the minimum 720 aggregate hours of pupil instruction established in 20-1-301, MCA.**

- A. Anticipated % of kindergarten students offered a full-time program for the ensuing year for each elementary budget unit (K-6 or K-8):

Enter 100% or round to the nearest tenth of a %

E1 \_\_\_\_\_ %

E2 \_\_\_\_\_ %

E3 \_\_\_\_\_ %

E4 \_\_\_\_\_ %

- B. For information only

Of the total number of kindergarten students enrolled in your district in the prior fiscal year, what percentage was enrolled in a full-time kindergarten program?

Enter 100% or round to the nearest tenth of a %

\_\_\_\_\_ %

**8. SPECIAL UNANTICIPATED CIRCUMSTANCES***Procedure: 10.20.103, ARM*

Briefly describe the special circumstances that affect the ANB calculations (example: no enrollment count for fall semester for new school or kindergarten program opening in second semester). Attach additional sheets if necessary.

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